Commonwealth of Virginia (State Programs)
834 Benefit Enrollment and Maintenance: Change File

Sample:


```
ISA*00*        *00*        *30*54-6024817    *30*99-9999999
*060805*1436*U*00401*100000609*0*P*:~
GS*BE*COMMW VIRGINIA*99-9999999*20060805*143645*80520069*X*004010X095A1~
ST*834*0001~
BGN*00*1751320*20060804*132509*ET***2~
N1*P5*COMMONWEALTH OF VA*FI*54-6024817~
N1*IN*CARRIER NAME*FI*99-9999999~
INS*Y*18*024*AI*A*E**RT~
REF*0F*1234567XU~
REF*1L*027020222222203006~
REF*DX*005001154~
REF*F6*H234567890A~
DTP*303*D8*20060731~
NM1*IL*1*TESTY*TESTOR*T***34*234567890~
PER*IP**WP*8048401682*HP*8047460695~
N3*PO BOX 324~
N4*SURRY*VA*238830000~
DMG*D8*19450814*M~
HD*024**HLT*027*EMP~
DTP*348*D8*20050101~
DTP*349*D8*20060731~
SE*18*0001~

GE*470*80520069~
IEA*1*100000609~
```

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Table 1 – Interchange Control Header			
Pos. #	Seg. ID	Name	Valid Values and Description
	ISA	Interchange Control Header	
	ISA01		Authorization Information Qualifier: 00: No Authorization Information Present
	ISA02		Authorization Data Identification: 10 spaces
	ISA03		Security Information Qualifier: 00: No Security Information Present
	ISA04		Security Information: 10 spaces
	ISA05		Interchange ID Qualifier: 30: U. S. Federal Tax Identification Number
	ISA06		Sender's Code: 54-6024817 with 5 spaces
	ISA07		Interchange ID Qualifier: 30: U. S. Federal Tax Identification Number

	ISA08		Receiver's Code:
			        54-0357120 with 5 spaces (Anthem)
			        54-0844477 with 5 spaces (Delta Dental)
			        54-0954463 with 5 spaces (Kaiser)
			        22-3461740 with 5 spaces (Medco)
			        54-1414194 with 5 spaces (Value Options)
			        22-2232264 with 5 spaces (AON)

	ISA09		Interchange Date formatted YYMMDD (file created)
	ISA10		Interchange Time formatted HHMM (file created)

	ISA11		Interchange Control Standards Identifier:
			        U: U.S. EDI Community of ASC X12, TDCC,
			            and UCS

	ISA12		Interchange Control Version Number:
			        00401: Draft Standards for Trial Use
			            Approved for Publication by ASC X12
			            Procedures Review Board through
			            October 1997

	ISA13		Interchange control number
	ISA14		Acknowledgement Requested: 0: No acknowledgement requested

	ISA15		Usage Indicator:
			        P: Production Data
			        T: Test Data

	ISA16		Component Element Separator: : used by COV

Table 2 – Functional Group Header			
	GS	Functional Group Header	
	GS01		Functional Identifier Code: BE: Benefit Enrollment and Maintenance (834)
	GS02		Application Sender's Code: COMMW VIRGINIA

	GS03		Application Receiver's Code:
			     058916206MEMCHG (Anthem)
			     54-0844477 (Delta Dental)
			     54-0954463 (Kaiser)
			     22-3461740 (Medco)
			     54-1414194 (Value Options)
			     22-2232264 (AON)

	GS04		Date header created: expressed CCYYMMDD
	GS05		Time header created: expressed HHMMSS
	GS06		Group Control Number: Assigned by the Sender
	GS07		Responsible Agency Code: X: Accredited Standards Committee X12

	GS08		Version/Release/Industry Identifier Code:
			     004010X095A1: Draft Standards Approved
			          for Publication by ASCX12
			          Procedures Review Board through
			          October 1997, as published in the
			          implementation guide.

Table 2 – Transaction Set Header			
010	ST	Transaction Set Header	
	ST01		Transaction Set Identifier Code: 834: Benefit Enrollment and Maintenance
	ST02		Transaction set control number: Assigned by the Sender
020	BGN	Beginning Segment	
	BGN01		Transaction Set Purpose Code: 00: Original
	BGN02		Reference Identification: Assigned by the Sender
	BGN03		Date transaction created: expressed CCYYMMDD (BES Key Date)
	BGN04		Time transaction created: expressed HHMMSS (BES Key Date)
	BGN05		Time code: ET: Eastern Time
	BGN08		Action Code: 2: Change

	Loop ID – 1000A Sponsor Name		
070	N1	Sponsor Name	
	N101		Entity Identifier Code: P5: Plan Sponsor
	N102		Name: Commonwealth of VA
	N103		Identification Code Qualifier: FI: Federal Taxpayer's Identification number
	N104		Identification Code: 54-6024817
	Loop ID – 1000B Payer		
070	N1	Payer	
	N101		Entity Identifier Code: IN: Insurer

	N102		Name of administrator (one of six):
			    Anthem
			    Delta Dental
			    Kaiser
			    Medco
			    Value Options
			    AON

	N103		Identification Code Qualifier: FI: Federal tax identification number

	N104		Identification Code:
			Denotes the federal tax identification number for the administrator identified in N102:
			    54-0357120 (Anthem)
			    54-0844477 (Delta Dental)
			    54-0954463 (Kaiser)
			    22-3461740 (Medco)
			    54-1414194 (Value Options)
			    22-2232264 (AON)

Table 3 – Member Level Detail			
	Loop ID – 2000 Member Level Detail		
010	INS	Member Level Detail	

	INS01		Yes/No Condition or Response Code:
			    Y: Participant record
			    N: Dependent record

	INS02		Individual Relationship Code:
			    01: Spouse
			    18: Self
			    19: Child

	INS03		Maintenance Type Code:
			    021: Addition
			    024: Cancellation or Termination

	INS04		Maintenance Reason Code: AI: No Reason Given
	INS05		Benefit Status Code:

			A: Active C: COBRA
	INS06		Medicare Plan Code: D: Medicare - Part Unknown

	INS07		Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying:
			    1: Termination of Employment
			    2: Reduction of work hours
			    3: Medicare
			    4: Death
			    5: Divorce
			    6: Separation
			    7: Ineligible Child
			    8: Bankruptcy of a Retired Employee

	INS08		Participant's Employment Status Code:
			    FT: Full-time active employee
			    L1: Eligible employee on leave of absence
			    RT: Retired
			    TE: COBRA participant

	INS09		Dependent's Student Status Code:
			    F: Full-time
			    N: Not a student

	INS10		Yes/No Condition or Response Code:
			Denotes the dependent's handicap status:
			    N: Not handicapped
			    Y: Handicapped

020	REF	Subscriber Number	
	REF01		Reference Identification Qualifier: 0F: Subscriber number
	REF02		Reference Identification: This is a nine-character alphanumeric identification number assigned by the Commonwealth. After November 10, 2005, this identification code will be nnnnnnnXU where n is a digit 0 – 9. This code is shared by all members on the participant's account.
020	REF	Member Policy Number	Used by COV to send data as one numeric string of 18 digits where the following field positions have specific meaning.
	REF01		Reference Identification Qualifier: 1L: Group or policy number

	REF02 Pos. 1-3		Reference Identification: Denotes the member's health coverage plan:
			000: Waived Coverage
			002: Option I
			003: Option II
			006: Kaiser Permanente HMO
			027: Advantage 65
			036: Option II + Dnt,Vsn
			037: Advantage 65 + Dnt, Vsn
			042: Basic COVA Care
			043: CC + OON
			044: CC + ExpDnt
			045: CC + OON & ExpDnt
			046: CC + Vsn,Hrg & ExpDnt
			047: CC + OON & Vsn ,Hrg, ExpDnt
			048: Advantage 65 Medical Only
			049: Advantage 65 Medical Only + Dnt, Vsn
			050: CHD Cova High Deductible
			051-059: Advantage 65 Low Income Subsidy (LIS)
			061-069: Opt I LIS
			071-079: Opt II LIS
			081-089: Opt II + Dnt, Vsn LIS
			091-099: Advantage 65 + Dnt, Vsn LIS
	REF02 Pos. 4-12		Denotes the member's program:
			010111111: State Program for those not eligible for Medicare
			020222222: State Program for those eligible for Medicare
			030333333: The Local Choice (future use)
	REF02 Pos. 13		Denotes the member's classification or status:
			0: Employee
			2: Retiree
			4: Extended Coverage (COBRA)
	REF02 Pos. 14-15:		Denotes the member's premium status:
			02: COV's Billing Agent collects premium
			03: VRS collects premium
			06: Agency collects premium
			07: COV's Dept. of Accounts pays premium
			08: VCCS collects premium
			09: Premium Not Paid – Suspend Claims Payment
	REF02 Pos. 16-17		Denotes the member's leave of absence:
			00: Not on leave of absence, do not send conversion letter
			01-98: On leave of absence, do not send conversion letter
			99: Did not return from leave of absence, conversion letter may be sent

	REF02
	Pos. 18
			Denotes the member's eligibility for Medicare:
			0: Not Medicare eligible,
			        group pays primary
			6: Medicare eligible,
			        group pays as if Medicare is primary
			7: Exempt from Medicare,
			        group pays primary

020	REF	Member ID Number	Used by COV to send data as one numeric string of 9 digits where the following field positions have specific meaning. Each agency/group is assigned a single Benefits Administrator contact. The Contacts Database is updated and distributed by email to each vendor monthly and is used to distribute materials.
	REF01		Reference Identification Qualifier: DX: Department/Agency Number

	REF02
	Pos. 1-3
			Reference Identification:
			Denotes the member's assigned agency:
			        005: The Virginia Retirement System
			        006: DHRM: Office of Health Benefits
			        007: The Member's Last Employing Agency
			        090-999: Active State Agency (refer to the
			                Contacts Database Table)

	REF02
	Pos. 4-6
			Denotes the member's assigned group within an agency:
			        001-999: (refer to the Contacts Database
			        Table for each entry)

	REF02
	Pos. 7-9
			Denotes the member's last employing agency when the member's agency is 007:
			        000: Unknown
			        090-999: Active State Agency (refer to the
			                Contacts Database)

020	REF	Health Insurance Claim (HIC) number	Only for Participants in a Medicare plan
	REF01		Reference Identification Qualifier: F6: Health Insurance Claim number
	REF02		Used by COV to send the Medicare HIC number.
020	REF	Prior Identifier Number	The Q4 Identifier is not currently used. In the future we will use this slot to denote the contract under which this person was previously covered.
	REF01		Reference Identification Qualifier: Q4: Prior Identifier Number
	REF02		
025	DTP	Date or Time or Period	Repeats up to 20 times
	DTP01		Date/Time Qualifier: 303: Maintenance effective (Effective date)
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD

	DTP03		CCYYMMDD (Effective date or Term date)
	Loop ID – 2100A Member Name		
030	NM1	Member Name	
	NM101		Entity Identifier Code: 　IL: Insured or Subscriber
	NM102		Entity Type Qualifier: 　1: Person
	NM103		Name Last: 　up to 25 characters
	NM104		Name First: 　up to 25 characters
	NM105		Name Middle: 　up to 2 characters
	NM106		Name Prefix: not used
	NM107		Name Suffix: 　up to 3 characters
	NM108		Identification Code Qualifier: 　34: Social Security Number
	NM109		Identification Code: 　Social security number: 9 digits
040	PER	Member Communications Numbers	
	PER01		Contact Function Code: 　IP: Insured Party
	PER02		Name: not used
	PER03		Communication Number Qualifier: 　WP: Work Phone
	PER04		Communication Number: 　10 digits beginning with area code
	PER05		Communication Number Qualifier: 　HP: Home Phone
	PER06		Communication Number: 　10 digits beginning with area code
050	N301	Member Residence Street Address	Participant's Address Information if only one line: 　may contain up to 35 characters
	N302		Participant's Address Information if second line: 　may contain up to 35 characters
060	N4	Member Residence City, State, Zip Code	
	N401		Participant's City: up to 25 characters
	N402		Participant's State or Canadian Province: 2 standardized characters
	N403		Participant's Postal Code: up to 9 digits
	N404		Participant's Country: 2 standardized characters if not US; see Nations at http://web1.dhrm.state.va.us/itech/pmistables/PMISTables20030916.htm
080	DMG	Member Demographics	

	DMG01		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD
	DMG02		Member's Date Of Birth: CCYYMMDD (birth date)

	DMG03		Gender Code:
			    F: Female
			    M: Male

	Loop ID – 2100B Incorrect Member Name		No longer used after 7/7/2006
	Loop ID – 2300 Health Coverage		
260	HD	Health Coverage	

	HD01		Maintenance Type Code:
			    021: Addition
			    024: Cancellation or Termination

	HD03		Insurance Line Code:
			    AK: Mental Health for ValueOptions
			    DEN: Dental for Delta Dental
			    HLT: Health for Anthem and AON
			    PDG: Prescription Drug for Medco

	HD04		Plan Coverage Description:
			    000: Waived Coverage
			    002: Option I
			    003: Option II
			    006: Kaiser Permanente HMO
			    027: Advantage 65
			    036: Option II + Dnt,Vsn
			    037: Advantage 65 + Dnt, Vsn
			    042: Basic COVA Care
			    043: CC + OON
			    044: CC + ExpDnt
			    045: CC + OON & ExpDnt
			    046: CC + Vsn,Hrg & ExpDnt
			    047: CC + OON & Vsn ,Hrg, ExpDnt
			    048: Advantage 65 Medical Only
			    049: Advantage 65 Medical Only + Dnt, Vsn
			    050: CHD Cova High Deductible
			    051-059: Advantage 65 Low Income Subsidy (LIS)
			    061-069: Opt I LIS
			    071-079: Opt II LIS
			    081-089: Opt II + Dnt, Vsn LIS
			    091-099: Advantage 65 + Dnt, Vsn LIS

	HD05		Coverage Level Code:
			    E1D: Self Plus Child
			    ESP: Self Plus Spouse
			    EMP: Employee Only
			    FAM: Family

270	DTP	Health Coverage Dates	
	DTP01		Date/Time Qualifier:

			348: Benefit Begin 349: Benefit Ends
	DTP02		Date Time Period Format Qualifier: D8: Date format expressed as CCYYMMDD

	DTP03		Date Time Period:
			    CCYYMMDD
			    (For the date qualified with the 348 code:
			    The latter of the Plan Begin Date, Coverage
			    Level Begin Date, and the Bill Premium
			    Begin Date; the date the current coverage
			    described on this transaction started.)
			    For the date qualified with the 349 code: this
			    is the date that coverage ends.
			    Please note that a 348 date that is exactly
			    one day before the 349 date is a special
			    signal that we are cancelling coverage that
			    never actually started.

Table 4 – Transaction Set Trailer			
690	SE	Transaction Set Trailer	
	SE01		Number of Included Segments
	SE02		Transaction Set Control Number
Table 5 – Functional Group Trailer			
	GE	Functional Group Trailer	
	GE01		Number of Transaction Sets Included (ST/SE sets)
	GE02		Group Control Number
Table 6 – Interchange Control Trailer			
	IEA	Interchange Control Trailer	
	IEA01		Number of Included Functional Groups (GS/GE sets)
	IEA02		Interchange Control Number